



Massachusetts Department of Environmental Protection
Bureau of Air and Waste – Stage II Vapor Recovery Program

Stage II Form E

MassDEP Facility Account # _____

New Stage II System Owner, Lessee, Operator or
Controller Notification

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



DEP USE ONLY
/ /
Date Postmarked

A. New Stage II System Documentation

1. Former Stage II Facility Documentation (facility name currently on record in MassDEP Stage II database)

Former Name of Facility Where the Stage II System is Installed

Facility Address

City/Town

MA

State

Zip Code

2. New Stage II Facility Documentation

If the **facility name** where the Stage II System is located has **changed**, please provide the new facility name and address information below. If not, please continue to Section B.

New Name of Facility Where Stage II System is Located

Facility Address

City/Town

MA

State

Zip Code

B. New Stage II System Responsible Official Documentation

1. Has the **name or mailing address** of the Stage II System Responsible Official #1 **or** #2 on record in the MassDEP Stage II database **changed**? ☐ Yes ☐ No

- If **YES**, please provide the new Stage II System Responsible Official contact information below.
- If **NO**, please continue to Section C.

a. Stage II System Responsible Official #1 (point of contact for Stage II related correspondence):

Name of New Stage II System Responsible Official #1

Phone Number

Mailing Address

City/Town

State

Zip Code

Email Address

b. Stage II System Responsible Official #2 (fill out only if applicable):

Name of New Stage II System Responsible Official #2

Phone Number

Name of Company or Facility

Mailing Address

City/Town

State

Zip Code

Email Address



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B. New Stage II System Responsible Official Documentation (cont.)

2. Source of Authority for each new Stage II System Responsible Official (RO), as applicable.
Please check only **one** box for each RO.

- a. If a Corporation, an official with authority to bind the Corporation:

	RO #1	RO #2		RO #1	RO #2
President	<input type="checkbox"/>	<input type="checkbox"/>	Vice President	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	Other person who performs a similar	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	policy-making or decision-making		
			function of the Corporation		

- b. If a Partnership, a general partner

☐ ☐

- c. If a Sole Proprietorship, the proprietor

☐ ☐

- d. If a municipality/public agency, a principal executive official or ranking
elected official with authority to enter into contracts on behalf of
municipality/public agency.

☐ ☐

Important: Please provide the **effective date** each **new Responsible Official** assumed his/her responsibilities, as applicable.

RO #1: ____ / ____ / ____

RO #2: ____ / ____ / ____

C. New Stage II Annual Compliance Fee Billing Documentation

1. Stage II Annual Compliance Fee Billing Documentation:

- a. Has the **name of the company** paying the Stage II Annual Compliance Fee on record in the MassDEP database **changed**? ☐ Yes ☐ No

- b. Has the company **mailing address** and/or **dept., division, etc.**, on record in the MassDEP database **changed**? ☐ Yes ☐ No

- If you answered **YES** to either C.1.a. or b. above, please fully complete C.2. below.

- If you answered **NO** to both C.1.a. and b. above, please continue to Section D.

2. **New Stage II Annual Compliance Fee Billing Information:**

Name of Dept, Division, etc, otherwise leave blank. Please do **not** indicate contact names

Phone Number

Name of Company (Corp., Co., Inc., LLC, etc.)

Federal Employer ID # - FEIN

Mailing Address

City/Town

State

Zip Code

Important: Please provide the **effective date** the **new company** assumed responsibility for paying the Stage II Annual Compliance Fee.

____ / ____ / ____



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D. Underground Storage Tank (UST) Ownership Information

1. Are the **Stage II Responsible Officials** noted in B.1. above also the **new owners of the underground storage tanks (UST's)**? ☐ Yes ☐ No
2. If **YES**, have you registered the USTs under your ownership in the MassDEP UST Online Filing Data Management System? ☐ Yes ☐ No
If **NO**, you are required to register the USTs under your ownership in the MassDEP UST Online Filing Data Management System within 30 days. The UST data management system can be accessed at the following UST program website link: <http://www.mass.gov/eea/agencies/massdep/toxics/ust/>

E. Stage II System Responsible Official Compliance Certification

Facility Operation, Maintenance and Record Keeping

1. Have you obtained and reviewed the **CARB Executive Order** for your applicable Stage II system to ensure correct operation and maintenance of your Stage II system?
☐ Yes ☐ No (Contact MassDEP Stage II Program for applicable CARB Number)
If **NO**, CARB Orders are available at: <http://www.arb.ca.gov/vapor/eo-PhaseII.htm>
Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2
2. Do you understand the requirement that the **Stage II system** must be **visually inspected** on a **weekly** basis? ☐ Yes ☐ No
Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2
The **Stage II Weekly Inspection Guidance Manual** for your applicable Stage II System provides you with the correct procedures for conducting required weekly visual inspections. Guidance Manuals are available at: <http://www.mass.gov/eea/agencies/massdep/air/programs/stage-ii-vapor-recovery.html>
3. Do you understand the requirement that **all person(s)** conducting required weekly visual inspections of the Stage II System are **trained** to operate and maintain the Stage II system in accordance with the system's applicable Executive Order?
☐ Yes ☐ No
Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2
4. Do you understand the requirement that incorrectly installed, non-functioning or broken Stage II components **identified as a result of a weekly visual inspection** are to be **immediately repaired or**, if the broken components cannot be immediately repaired, you are required to:
 - a. immediately **stop dispensing gasoline through the broken components**, post "Out of Service" signs on the components, and have the broken components repaired within 14 days of being identified; **or**, if the components cannot be repaired within 14 days;
 - b. immediately **isolate the broken components** from the remainder of the Stage II system so that the Stage II system is correctly operating and post "Out of Service" signs on the broken components until they are repaired; **or**, if the stage II system cannot be isolated from the broken components so that the Stage II system is correctly operating;
 - c. immediately **stop all dispensing of gasoline** at the facility and post "Out of Service" signs on all gasoline dispensers until the broken components are repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.☐ Yes ☐ No
Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2



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E. Stage II System Responsible Official Compliance Certification

5. Do you understand the requirement that if a facility **fails** one or more required **Annual In-Use Compliance tests** you are required to:
- immediately **repair** the broken Stage II components and **pass** the required applicable Annual In-Use Compliance tests; **or**, if the components cannot be immediately repaired and retested;
 - immediately **isolate the broken components** from the remainder of the Stage II system so that the Stage II system is correctly operating and post “Out of Service” signs on the broken components until repaired; **or**, if the Stage II system cannot be isolated from the broken components so that the Stage II system is correctly operating;
 - immediately **stop all dispensing of gasoline** at the facility and post “Out of Service” signs on all gasoline dispensers until the components are repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.
- ☐ Yes ☐ No
- Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2
6. Do you understand the requirement to **maintain the following records on-site** at the Stage II facility, in a centralized location:
- All **Weekly Inspection Checklists** over a rolling twelve-month period between compliance certification submittals, identifying incorrectly installed, non-functioning or broken components, actions taken to repair the Stage II system, and the date of repair.
 - A copy of **Compliance Testing Company Test Results** for all Stage II Compliance tests performed during the rolling twelve-month period.
 - A copy of the currently applicable **MassDEP Stage II In-Use Compliance Certification**.
 - Training Log of all persons trained** to perform weekly inspections of the Stage II System.
- ☐ Yes ☐ No
- Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2
7. **Stage II System Responsible Official Compliance Certification Statement**

I certify that, where I have indicated that I am the Stage II System Responsible Official, **(a)** I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; **(b)** systems¹ to maintain compliance are in place at the facility and will be maintained for the coming year even if the processes or operating procedures are changed over the course of the year; and, **(c)** I am fully authorized to make this attestation on behalf of the facility.

Printed Name of Stage II System Responsible Official #1

Signature of Stage II System Responsible Official #1 Date

Printed Name of Stage II System Responsible Official #2

Signature of Stage II System Responsible Official #2 Date

¹ For purposes of this statement, “systems to maintain compliance” means procedures that the Stage II facility owner and/or operator has established to ensure that weekly visual inspections and required tests are conducted, that broken or defective components are repaired, replaced or isolated and that required records are maintained.